Massachusetts Department of Public Health (MDPH) Division of Epidemiology and Immunization

Haemophilus influenzae type B (Hib) Vaccine Shortage and Hib Surveillance December 2008

- 1. National Hib vaccine shortage continues
- 2. Report all cases of *H. influenzae* and submit isolates

On November 21, 2008, the Centers for Disease Control and Prevention (CDC) published a reminder on the ongoing shortage of Hib vaccines and that it is now expected to **persist** until mid-2009. This will be the longest period of time a Hib vaccine shortage has persisted, with a reduced schedule in place, since the first conjugate vaccines were licensed in 1987.

Background

The booster dose of Hib vaccine is associated with higher antibody titers that many believe are important to interrupt Hib transmission and colonization of the upper respiratory tract and protect against invasive Hib diseases. Thus, the booster dose can be of particular importance for indirect protection and promotion of herd immunity. With the continuation of the shortage, *H. influenzae* surveillance takes on increased importance because the shortage might lead to increased Hib colonization, transmission and eventually Hib disease.

Recommendations

As a result of the continued shortage of Hib vaccine, CDC and MDPH are reminding providers:

- Hib Shortage 3-Dose Vaccination Schedule. Providers should continue to follow the 3-dose Hib shortage schedule and defer the booster dose of Hib vaccine (given at age 12--15 months) for all healthy children. Please monitor your inventories and order vaccine to ensure that all children receive 3 doses. Remember, children at increased risk for invasive Hib disease should continue to receive the 4-dose series. (For information of who is at increased risk of invasive Hib disease, see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5650a4.htm).
- Surveillance for Invasive Hib Disease. Because the continued delay might result in an increase in Hib disease, national surveillance for invasive Hib disease has become particularly important. Massachusetts has very high completeness of reporting of cases of invasive H. influenzae and we receive isolates for nearly all of the invasive cases in the State. MDPH wants to remind providers and laboratories to continue to report all cases of invasive H. influenzae and submit isolates for serotyping to the William A. Hinton State Laboratory Institute in a timely manner, regardless of the age of the patient.

For complete information see: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5746a2.htm

If you have questions please call MDPH at 617-983-6800 and ask to speak with an immunization epidemiologist.